



**College of Medicine
Computer Graphics Request Form**

Requested By: _____ Date: _____
 Contact Name: _____ Pager: _____
 Phone: _____ E-Mail: _____
 Approval: _____ IRB number: _____

Department Chair has reviewed and approved the poster proof

Department:	UT	Erlanger	Other
	Family Med ___ Ophthalmology ___ Plastics ___ Internal Med ___ Orthopaedics ___ PM&R ___ OB/GYN ___ Pediatrics ___ Surgery ___ Transitional year program ___ Emergency Medicine ___ Other _____	Department _____ Cost Center _____	

PROJECT / PRESENTATION:

Name: _____ Date: _____ Location: _____

Originals Provided:

Electronic	Hard Copy
Email ___ Floppy ___ Zip ___ CD ___ (How many disks?) Program: Pagemaker ___ Word ___ Photoshop ___ Quark ___ Powerpoint ___ Publisher ___ Other _____	Qty / Type Film _____ Book(s) _____ Printout _____ Clippings _____ Other _____
	Comments:

FINISHED PRODUCT :

Quantity	Size	Web Page
Slides		other / comments:
Color Photo		
B&W Photo		
Color Printer		
Poster		
Scans		
Typesetting		
Other		

Delivered By: _____ or Picked up By: _____

SIGNATURE - DATE SENT

SIGNATURE - DATE PICKED UP

TO BE COMPLETED BY COMPUTER GRAPHICS DEPARTMENT

FILM USED:	24 EXP / ROLLS USED _____	36 EXP / ROLLS USED _____
	FILM SPEED _____	FILM SPEED _____
TYPESETTING _____	ARTWORK _____	VENDOR _____
SCANS _____	LAYOUT / DESIGN _____	INVOICE _____
BOARDS _____	CD/DISKS _____	AMOUNT _____